



Westminster Police Department

Records Search Request



Search Request

Requestor's Information			
Last Name (Print)	First Name	Middle Name	Date of Birth
Address (Street, City, State, Zip Code)		Phone Number	
Agency You Are Representing <input type="checkbox"/> Not Applicable		Agency Phone Number	
<p>24-72-305.5 Access to Records - denial by custodian - use of records to obtain information for solicitation. Records of Official Actions and Criminal Justice Records and the names, addresses, telephone numbers and other information in such records shall not be used by any person for the purpose of soliciting business for pecuniary gain. The Official custodian shall deny any person access to records of Official Actions and Criminal Justice Records unless such person signs a statement which affirms that such records shall not be used for the direct solicitation of business for pecuniary gain.</p> <p>24-72-309. Violation - penalty. Any person who willfully and knowingly violates the provisions of this part 3 is guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not more than one hundred dollars (\$100), or by imprisonment in the county jail for not more than ninety (90) days or both such fine and imprisonment.</p>			
Request Details			
Type of Report Requested	<input type="checkbox"/> 911 Recordings <input type="checkbox"/> Radio Traffic <input type="checkbox"/> Incident/Offense Report <input type="checkbox"/> Sex Offender List <input type="checkbox"/> Address Search / Calls for Service <input type="checkbox"/> Name Search <input type="checkbox"/> Traffic Accident Report <input type="checkbox"/> Clearance Letter <input type="checkbox"/> Photos (On CD or DVD) <input type="checkbox"/> Video/DVD Recordings		
The following information is necessary to process your request. Please fill out all sections. Colorado law and department procedures require you identify the record requested by supplying information that is specific enough to identify the exact record/person/report sought.			
Case Report Number or Event Number	Date of Incident	Location of Incident	
Subject Involved (Last Name, First Name, Middle Initial)			Date of Birth
Other Request / Additional Information			
I have read the statute above and do hereby affirm and attest that the records requested by me shall not be used for the direct solicitation of business for pecuniary gain and that the information obtained in the reports requested and/or copies of said reports shall not be further disseminated by me except for as allowed by law.			
Signature _____			
Records Use Only			
<input type="checkbox"/> Requestor's ID Checked			
Information Redacted From Report <input type="checkbox"/> No Redaction			
Processed By		Double Checked By	
Request Received <input type="checkbox"/> By Phone <input type="checkbox"/> In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By Email	Date Received	Fee <input type="checkbox"/> Paid \$	Date Processed